Chemotherapy Protocol

LYMPHOMA

GLOFITAMAB-OBINUTUZUMAB

Regimen

- Lymphoma-Glofitamab-Obinutuzumab

Indication

- Treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), after two or more lines of systemic therapy
- Blueteq form must be completed for funding -NICE TA 927

Toxicity

Drug	Adverse Effect
Glofitamab	Cytokine release syndrome (CRS), serious infection, tumour flare, tumour lysis syndrome (TLS), cytopenia
Obinutuzumab	Infusion related reactions, progressive multifocal leukoencephalopathy (PML), cardiac toxicity, thrombocytopenia, neutropenia, tumour lysis syndrome

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Symptoms of CRS can occur weeks after infusion and therefore the patient must be issued with an alert card to **always carry with them**.

See Trust Protocol for management and grading of CRS following bispecific antibody treatment.

Monitoring

Regimen

- FBC, LFTs, U&Es, bone profile, CRP and LDH prior to day one of treatment
- Documented viral screen – CMV, HSV, EBV, VZV, HIV
- Check hepatitis B status before starting. Patients with positive hepatitis B serology should consult a liver disease expert before the start of treatment and should be monitored and managed following local medical standards to prevent hepatitis re-activation.

Cytokine Release Syndrome (CRS)

- See Trust Protocol on the management of bi-specific antibody treatment for the management of CRS, including monitoring and grading requirements.
- The prescriber must inform the patient of the risk of CRS and signs and symptoms of CRS (see below).
- Patients must be instructed to seek immediate medical attention if they experience signs and symptoms of CRS.
- Patients should be provided with an alert card and instructed to **always carry the card**. This card states their treatment regimen and emergency contact details in case of reaction or CRS.

Symptoms of CRS
Pyrexia; tiredness; cardiac failure; tachycardia, cardiac arrythmias; dyspnoea; hypoxia; capillary leak syndrome; chills; renal impairment; headache; malaise; transaminitis; nausea; diarrhoea; hypotension.

Patient monitoring of CRS

- All patients **must be hospitalised for the first glofitamab dose (Cycle 1 Day 8) for 24 hours after administration** to monitor for signs and symptoms of CRS.
- Temperature, blood pressure and oxygen saturation should be monitored 4-hourly after Glofitamab administration on Day 8 and then twice daily or as directed in accordance with local procedures.
- This must be documented, and CRS graded on the CRS Assessment Form in the patient's notes, as per local policy.
- At least 1 dose of tocilizumab for use in the event of CRS must be available on the ward, or pre-specified location, prior to glofitamab infusion, during dosing of Cycles 1 and 2. Access to an additional dose of tocilizumab within 8 hours of use of the previous tocilizumab dose must be ensured.
- Patients who experienced Grade ≥ 2 CRS or received tocilizumab with their most recent infusion should be hospitalised for their next scheduled infusion.

Tumour Lysis Syndrome

- Tumour lysis syndrome (TLS) has been reported with obinutuzumab and glofitamab. Patients should be assessed for risk of tumour lysis prior to treatment. Ensure patients are well hydrated.
- In patients who are considered to be at risk of TLS (e.g. patients with a high tumour burden and/or a high circulating lymphocyte count (greater than $25x10^9$/L) and/or renal impairment (CrCl less than 70 ml/min) should receive prophylaxis.
- Prophylaxis should consist of adequate hydration and administration of allopurinol or a suitable alternative such as rasburicase prior to the infusion. All patients considered at risk should be carefully monitored during the initial days of treatment with a special focus on renal function, potassium, and uric acid values. Any additional guidelines according to standard practice should be followed.

Dose Modifications

No dose reductions of glofitamab are recommended. Adverse events should be managed with dose interruption, treatment discontinuation and reduction of the infusion rate.

Please discuss all dose delays with the relevant consultant before prescribing. The approach may be different depending on the clinical circumstances.

Haematological toxicities

No dose modifications recommended. Any haematological abnormalities will be evaluated with clinical judgement.

Patient may require blood product support and/or growth factors. Always refer to the responsible consultant as any dose delays will be dependent on clinical circumstances and treatment intent.

Hepatic Impairment

Glofitamab has not been studied in patients with moderate or severe hepatic impairment. No dose adjustment is required in patients with mild hepatic impairment (total bilirubin > upper limit of normal [ULN] to ≤ 1.5 × ULN or aspartate transaminase [AST] > ULN).

The safety and efficacy of obinutuzumab in patients with impaired hepatic function has not been established.

Renal Impairment

Glofitamab has not been studied in patients with severe renal impairment. No dose adjustment is required in patients with mild or moderate renal impairment (CrCl 30 to < 90 mL/min).

Dose adjustment is not considered necessary for obinutuzumab in those with mild to moderate renal impairment.

Regimen

The regimen starts with Obinutuzumab pre-treatment on Cycle 1 Day 1. Glofitamab dosing begins on cycle 1 day 8 with a step-up dosing schedule to decrease the risk of CRS, leading to the recommended dose of 30 mg. Each cycle is 21 days. Treatment duration is for a maximum of 12 cycles.

Aria regimen is built as an in-patient regimen on Cycle 1 Day 8 and all other treatment days are built as an out-patient regimen. If the patient is admitted as an in-patient on any other days, the supportive medicines must be prescribed on the in-patient prescribing system.

Cycle 1

Drug	Days	Dose	Administration
Obinutuzumab	1	1000 mg	Intravenous infusion in 250ml sodium chloride 0.9%. Start the administration at 50mg/hour. The rate of the infusion can be escalated in increments of 50 mg/hour every 30 minutes to a maximum rate of 400mg/hour.
Glofitamab	8	2.5 mg	Intravenous infusion in 25ml sodium chloride 0.9% over 4 hours
Glofitamab	15	10 mg	Intravenous infusion in 50ml sodium chloride 0.9% over 4 hours[1]

Cycle 2

Drug	Days	Dose	Administration
Glofitamab	1	30 mg	Intravenous infusion in 100ml sodium chloride 0.9% over 4 hours[1]

Cycle 3-12

Drug	Days	Dose	Administration
Glofitamab	1	30 mg	Intravenous infusion in 100ml sodium chloride 0.9% over 2 hours[2]

[1] For patients who experience CRS with their previous dose of glofitamab, the duration of infusion may be extended up to 8 hours.
[2] At the discretion of the treating physician, if the previous infusion was well tolerated. If the patient experienced CRS with a previous dose, the duration of infusion should be maintained at 4 hours.

Dose Information

Delayed or missed doses

During step-up dosing (weekly dosing):

- Following pre-treatment with Obinutuzumab:
  - If the glofitamab 2.5 mg dose is delayed by more than 1 week (i.e. treatment interval of more than 2 weeks following obinutuzumab), then repeat pre-treatment with Obinutuzumab.
- Following 2.5mg or 10mg dose of glofitamab:
  - If there is a treatment-free interval of 2 weeks to 6 weeks: repeat the last tolerated glofitamab dose and resume the planned step-up dosing.
  - If there is a treatment-free interval of more than 6 weeks: repeat pre-treatment with obinutuzumab and glofitamab step-up dosing.

After Cycle 2 (30 mg dose):

- If there is a glofitamab treatment-free interval of more than 6 weeks between cycles: repeat pre-treatment with obinutuzumab and glofitamab step-up dosing and then resume the planned treatment cycle (30 mg dose).

Administration Information

Hydration

Obinutuzumab and glofitamab should be administered to **well-hydrated patients.**

- 2-3L/day of oral fluids should start 1-2 days prior to cycle 1 day 1.
- **High risk TLS** patients may need additional IV fluids to maintain a urine output of 100mL/m^2/hour (~3L/m^2/day); consider loop diuretic if diuresis is not adequate; avoid additional potassium in hydration fluids.

Pre-medications

Obinutuzumab

- Pre-medications 60 minutes prior to obinutuzumab:
  - Methylprednisolone sodium succinate 80mg intravenous
  - Chlorphenamine 10mg intravenous
  - Paracetamol 1000mg oral

Glofitamab

Pre-medication to reduce the risk of CRS should be administered as outlined below.

Pre-medication (60 minutes prior to glofitamab)	Cycle 1 (day 8, day 15)	Cycle 2 & Cycle 3	Cycle 4 to 13	
	All Patients	All patients	Patients with no CRS experience with previous dose	Patients who experienced CRS with the previous dose
Dexamethasone 20mg intravenous (60 minutes before)	√	√		√
Chlorphenamine 10mg intravenous (30 minutes before)	√	√	√	√
Paracetamol 1000mg oral (30 minutes before)	√	√	√	√

Supportive Treatments

- Tocilizumab must be prescribed as when required in advance of glofitamab infusion, in the event of CRS.Tocilizumab (8 mg/kg, maximum dose 800 mg) intravenously 8-hourly if required. ***See CRS management* in *Trust Bi-specific Antibody Protocol.***
  - Do not exceed 3 doses of tocilizumab in a period of 6 weeks
  - One dose of tocilizumab must be available on the ward or pre-specified location prior to infusion of glofitamab.
  - Follow local procedures for administration.
  - If no prior use of tocilizumab or if 1 dose of tocilizumab was used within the last 6 weeks:
    - Administer first dose of tocilizumab
    - If no improvement within 8 hours, administer second dose of tocilizumab
    - After 2 doses of tocilizumab, consider alternative anti-cytokine therapy and/or alternative immunosuppressant therapy
  - If 2 doses of tocilizumab were used within the last 6 weeks:
    - Administer only one dose of tocilizumab
    - If no improvement within 8 hours consider alternative anti-cytokine therapy and/or alternative immunosuppressant therapy

- Corticosteroids may be indicated (*See CRS management* in *Trust Bi-Specific Antibody Protocol)* can be either:
    - 10 mg intravenous dexamethasone, 100 mg intravenous prednisolone, 1-2 mg/kg intravenous methylprednisolone per day, or equivalent

- Tumour lysis syndrome (TLS) prophylaxis should be prescribed according to the individual patient TLS risk and at consultant discretion:
    - In high-risk patients, consider 3 mg rasburicase intravenous once prior to obinutuzumab +/- first dose glofitamab followed by allopurinol 300 mg once daily oral starting 24 hours after rasburicase.
    - For low to moderate risk patients, start allopurinol 300 mg once daily oral.

- **Infusion related reactions on an as required basis:**
    - Salbutamol 2.5mg nebulised when required for infusion related bronchospasm
    - Consider pethidine 25-50mg intravenous for infusion related rigors that fail to respond to steroids.
    - chlorphenamine 10mg intravenous for infusion reactions
    - lorazepam 1mg oral for rigors
    - methylprednisolone sodium succinate 80mg intravenous for infusion reactions
    - paracetamol 1000mg oral for pyrexia

- **Anti-infective prophylaxis**
    - Aciclovir 400mg oral twice a day
    - Co-trimoxazole 960mg once a day on Monday, Wednesday and Friday oral

- **Gastric protection** with a proton pump inhibitor or a H_2 antagonist according to local formulary choice;
    - esomeprazole 20mg once a day oral
    - omeprazole 20mg once a day oral
    - lansoprazole 15mg once a day oral
    - pantoprazole 20mg once a day oral
    - rabeprazole 20mg once a day oral
    - cimetidine 400mg twice a day oral
    - famotidine 20mg once a day oral
    - nizatidine 150mg twice a day oral

- **Growth factors (G-CSF)** may be considered to support during neutropenia. To be discussed with consultant.

Extravasation

- Obinutuzumab – neutral
- Glofitamab -neutral

References

1. MHRA Early Access to Medicines Scheme – Treatment protocol – Information for healthcare professionals. V3.

2. National Institute for Health and Care Excellence (2023). Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments. NICE technology appraisal guidance 927.

3. Lee D, et al. ASTCT Consensus Grading for Cytokine Release Syndrome and Neurologic Toxicity Associated with Immune Effector Cells. Biology of Blood and Marrow Transplantation, 2019. https://doi.org/10.1016/j.bbmt.2018.12.758.

4. Sehn LH et al. Obinutuzumab plus bendamustine versus bendamustine monotherapy in patients with rituximab-refractory indolent non-Hodgkin lymphoma (GADOLIN): a randomised, controlled, open-label, multicentre, phase 3 trial. Lancet Oncol (2016); 17(8): 1081-1093.

5. Roche Products Limited (2024) Columvi 2.5 mg concentrate for solution for infusion. Summary of Product Characteristics. Online at https://www.medicines.org.uk/emc/product/15173/smpc last accessed 22/07/2024

6. Roche Products Limited (2023). Gazyvaro 1000mg concentrate for solution for infusion. Summary of Product Characteristics. Online at https://www.medicines.org.uk/emc/product/3279 last acccessed 01/07/2024

7. Thames Valley Cancer Alliance (2024). Glofitamab protocol. Online at https://nssg.oxford-haematology.org.uk/lymphoma/documents/lymphoma-chemo-protocols/L-149-glofitamab-eams.pdf last accessed 22/072024

REGIMEN SUMMARY

Glofitamab-Obinutuzumab

Cycle 1

Day ONE

1. Warning – Ensure TLS assessment completed.
   - High-risk patients - rasburicase 3mg intravenous once prior to obinutuzumab followed by allopurinol 300 mg once daily oral for 7 days. Rasburicase to be prescribed on ARIA internal if required.
   - Low to moderate risk patients - allopurinol 300 mg once daily oral for 7 days.

2. Warning – check hydration status
   Ensure adequate hydration is given 12-24 hours prior to starting treatment

3. Sodium chloride 0.9% 500ml intravenous infusion over 60 minutes

4. Chlorphenamine 10mg intravenous
   Administration Instructions
   Administer 60 minutes prior to obinutuzumab

5. Methylprednisolone sodium succinate 80mg intravenous
   Administration Instructions
   Administer 60 minutes prior to obinutuzumab

6. Paracetamol 1000mg oral
   Administration Instructions
   Please check if the patient takes regular paracetamol for pain control and take dose into account.
   Maximum dose is 4g per 24 hours. There should be 4 hours between doses.
   Administer 60 minutes prior to obinutuzumab

7. Obinutuzumab 1000mg intravenous infusion in 250ml sodium chloride 0.9%
   Administration Instructions
   Please refer to the protocol for information regarding infusion rates and infusion related reactions. These may be increased according to tolerance as per the protocol

8. Chlorphenamine 10mg when required for infusion related reactions
   Administration Instructions
   For the relief of infusion related reactions

9. Lorazepam 1mg oral when required for rigors
   Administration Instructions
   For the relief of rigors

10. Methylprednisolone sodium succinate 80mg intravenous bolus when required for the relief of infusion related reactions
    Administration Instructions
    For the relief of infusion related reactions

11. Paracetamol 1000mg oral when required for pyrexia
    Administration Instructions
    For the relief of pyrexia. Please check if the patient takes regular paracetamol for pain control and take dose into account

12. Salbutamol 2.5mg nebulised when required for the relief of infusion related bronchospasm

13. Pethidine 25mg intravenous bolus in 10ml sodium chloride 0.9% over 5 minutes for the relief of rigors
    Administration Instructions
    For the relief of rigors following a verbal confirmation to administer from a doctor

Take home medicines (Day 1)

14. Co-trimoxazole 960mg once a day on Monday, Wednesday and Friday oral
    Administration Instructions
    This may be administered as 480mg twice a day according to local practice

15. Aciclovir 400mg twice a day oral for 21 days.
    Administration Instructions
    Please supply 21 days or the nearest original pack size.

16. Gastric Protection
    Administration Instructions: The choice of gastric protection is dependent on local formulary choice and may include;
    - esomeprazole 20mg once a day oral
    - omeprazole 20mg once a day oral
    - lansoprazole 15mg once a day oral
    - pantoprazole 20mg once a day oral
    - rabeprazole 20mg once a day ora
    - cimetidine 400mg twice a day oral
    - famotidine 20mg once a day oral
    - nizatidine 150mg twice a day oral

    Please supply 21 days or the nearest original pack size.

17. Allopurinol 300mg once a day oral for 21 days.
    Administration Instructions
    To be supplied in accordance with patient TLS assessment.
    Please supply 21 days or the nearest original pack size.

Cycle 1 Day EIGHT

18. Warning – Ensure TLS assessment completed.
    High-risk patients – rasburicase 3mg intravenous once on JAC in-patient prescribing system, followed by allopurinol 300 mg once daily oral for 7 days.
    Low to moderate risk patients - allopurinol 300 mg once daily oral. Supplied on day 1.

19. Warning -Check supportive medication prescribed.
    Administration instructions
    1. Chlorphenamine 10mg when required for infusion related reactions.
    2. Lorazepam 1mg oral when required for rigors.
    3. Methylprednisolone sodium succinate 80mg intravenous bolus when required for the relief of infusion related reactions.
    4. Paracetamol 1000mg oral when required for pyrexia.
    5. Salbutamol 2.5mg nebulised when required for the relief of infusion related bronchospasm.
    6. Pethidine 25mg intravenous bolus in 10ml sodium chloride 0.9% over 5 minutes for the relief of rigors. -Following verbal confirmation to administer from a doctor.
    7. Tocilizumab 8mg/kg (maximum 800mg) intravenous 8-hourly if required in the event of CRS. Maximum 3 doses. See Trust protocol for CRS Management post glofitamab. One dose of tocilizumab must be available on the ward or pre-specified location prior to infusion of glofitamab. Follow local procedures for administration.
    8. TLS prophylaxis -as per TLS assessment.
    9. Co-trimoxazole 960mg once a day oral on Monday, Wednesday, Friday.
    10. Aciclovir 400mg twice a day oral.

20. Warning - Ensure patient has been issued with a CRS treatment alert card.

21. Warning - check hydration status
    Administration instructions
    Ensure adequate hydration is given 12-24 hours prior to starting treatment

22. Sodium chloride 0.9% 500ml intravenous infusion over 60 minutes

23. Dexamethasone 20mg intravenous
    Administration Instructions
    Administer 60 minutes prior to glofitamab.

24. Chlorphenamine 10mg intravenous
    Administration Instructions
    Administer 30 minutes prior to glofitamab

25. Paracetamol 1000mg oral
    Administration Instructions
    Please check if the patient takes regular paracetamol for pain control and take dose into account.
    Maximum dose is 4g per 24 hours. There should be 4 hours between doses.
    Administer 30 minutes prior to glofitamab

26. Glofitamab 2.5mg intravenous infusion in 25ml sodium chloride 0.9% syringe over 240 minutes
    Administration Instructions
    Please refer to the protocol for information regarding infusion rates and infusion related reactions. These may be decreased according to CRS response as per the protocol.

Cycle 1 Day FIFTEEN

27. Warning – Ensure TLS assessment completed.
    -TLS prophylaxis allopurinol supplied as pick-up internal on day 1.
    -Rasburicase if required will need prescribing on Aria internal prescription.

28. Warning - Ensure patient has been issued with a CRS treatment alert card.

29. Warning – Check hydration status
    Administration instructions
    Ensure adequate hydration is given 12-24 hours prior to starting treatment

30. Sodium chloride 0.9% 500ml intravenous infusion over 60 minutes

31. Dexamethasone 20mg intravenous
    Administration Instructions
    Administer 60 minutes prior to glofitamab.

32. Chlorphenamine 10mg intravenous
    Administration Instructions
    Administer 30 minutes prior to glofitamab

33. Paracetamol 1000mg oral
    Administration Instructions
    Please check if the patient takes regular paracetamol for pain control and take dose into account.
    Administer 30 minutes prior to glofitamab

34. Glofitamab 10mg intravenous infusion in 50ml sodium chloride 0.9% over 240 minutes
    Administration Instructions
    Please refer to the protocol for information regarding infusion rates and infusion related reactions. These may be decreased according to CRS response as per the protocol.

35. Chlorphenamine 10mg when required for infusion related reactions
    Administration Instructions
    For the relief of infusion related reactions

36. Lorazepam 1mg oral when required for rigors
    Administration Instructions
    For the relief of rigors

37. Methylprednisolone sodium succinate 80mg intravenous bolus when required for the relief of infusion related reactions
    Administration Instructions
    For the relief of infusion related reactions

38. Paracetamol 1000mg oral when required for pyrexia
    Administration Instructions
    For the relief of pyrexia. Please check if the patient takes regular paracetamol for pain control and take dose into account

39. Salbutamol 2.5mg nebulised when required for the relief of infusion related bronchospasm
    Administration Instructions
    When required for the relief of infusion related bronchospasm

40. Pethidine 25mg intravenous bolus in 10ml sodium chloride 0.9% over 5 minutes for the relief of rigors
    Administration Instructions
    For the relief of rigors following a verbal confirmation to administer from a doctor

41. Tocilizumab 8mg/kg (maximum 800mg) intravenous 8-hourly if required in the event of CRS. Maximum 3 doses.
    Administration Instructions
    See Trust protocol for CRS Management post glofitamab.
    One dose of tocilizumab must be available on the ward or pre-specified location prior to infusion of glofitamab. Follow local procedures for administration

Cycle 2 Day ONE

42. Warning – Ensure TLS assessment completed.
    -TLS prophylaxis allopurinol supplied as pick-up internal.
    - Rasburicase if required will need prescribing on Aria internal prescription.

43. Warning - Ensure patient has been issued with a CRS treatment alert card.

44. Warning -Consider tocilizumab 8mg/kg (maximum 800mg) in the event of CRS symptoms.
    Administration Instructions
    See Trust protocol for CRS Management post glofitamab.

45. Warning – Check hydration status
    Administration instructions
    Ensure adequate hydration is given 12-24 hours prior to starting treatment

46. Sodium chloride 0.9% 500ml intravenous infusion over 60 minutes

47. Dexamethasone 20mg intravenous
    Administration Instructions
    Administer 60 minutes prior to glofitamab.

48. Chlorphenamine 10mg intravenous
    Administration Instructions
    Administer 30 minutes prior to glofitamab

49. Paracetamol 1000mg oral
    Administration Instructions
    Please check if the patient takes regular paracetamol for pain control and take dose into account.
    Administer 30 minutes prior to glofitamab

50. Glofitamab 30mg intravenous infusion in 100ml sodium chloride 0.9% over 240 minutes
    Administration Instructions
    Please refer to the protocol for information regarding infusion rates and infusion related reactions. These may be decreased according to CRS response as per the protocol.

51. Chlorphenamine 10mg when required for infusion related reactions
    Administration Instructions
    For the relief of infusion related reactions

52. Lorazepam 1mg oral when required for rigors
    Administration Instructions
    For the relief of rigors

53. Methylprednisolone sodium succinate 80mg intravenous bolus when required for the relief of infusion related reactions
    Administration Instructions
    For the relief of infusion related reactions

54. Paracetamol 1000mg oral when required for pyrexia
    Administration Instructions
    For the relief of pyrexia. Please check if the patient takes regular paracetamol for pain control and take dose into account. Maximum dose is 4g per 24 hours. There should be 4 hours between doses.

55. Salbutamol 2.5mg nebulised when required for the relief of infusion related bronchospasm.
    Administration Instructions
    When required for the relief of infusion related bronchospasm

56. Pethidine 25mg intravenous bolus in 10ml sodium chloride 0.9% over 5 minutes for the relief of rigors
    Administration Instructions
    For the relief of rigors following a verbal confirmation to administer from a doctor

Take home medicines (Day 1)

57. Co-trimoxazole 960mg once a day on Monday, Wednesday and Friday oral
    Administration Instructions
    This may be administered as 480mg twice a day according to local practice

58. Aciclovir 400mg twice a day oral for 21 days
    Administration Instructions
    Please supply 21 days or the nearest original pack size.

59. Gastric Protection
    Administration Instructions: The choice of gastric protection is dependent on local formulary choice and may include;
    - esomeprazole 20mg once a day oral
    - omeprazole 20mg once a day oral
    - lansoprazole 15mg once a day oral
    - pantoprazole 20mg once a day oral
    - rabeprazole 20mg once a day oral
    - cimetidine 400mg twice a day oral
    - famotidine 20mg once a day oral
    - nizatidine 150mg twice a day oral
    Please supply 21 days or the nearest original pack size.

60. Allopurinol 300mg once daily for 21 days.
    Administration Instructions
    This should be in accordance with patient TLS assessment.
    Please supply 21 days or the nearest original pack size.

Cycle 3 Day ONE

61. Warning - Ensure patient has been issued with a CRS treatment alert card.

62. Warning -Consider tocilizumab 8mg/kg (maximum 800mg) in the event of CRS symptoms.
    Administration Instructions
    See protocol for CRS Management post glofitamab.

63. Warning – Check hydration status
    Administration instructions
    Ensure adequate hydration is given 12-24 hours prior to starting treatment

64. Sodium chloride 0.9% 500ml intravenous infusion over 60 minutes

65. Dexamethasone 20 mg intravenous
    Administration Instructions
    Administer 60 minutes prior to glofitamab.

66. Chlorphenamine 10mg intravenous
    Administration Instructions
    Administer 30 minutes prior to glofitamab

67. Paracetamol 1000mg oral
    Administration Instructions
    Please check if the patient takes regular paracetamol for pain control and take dose into account.
    Administer 30 minutes prior to glofitamab

68. Glofitamab 30mg intravenous infusion in 100ml sodium chloride 0.9% over 120 minutes
    Administration Instructions
    Please refer to the protocol for information regarding infusion rates and infusion related reactions. These may be decreased according to CRS response as per the protocol.

69. Chlorphenamine 10mg when required for infusion related reactions
    Administration Instructions
    For the relief of infusion related reactions

70. Lorazepam 1mg oral when required for rigors
    Administration Instructions
    For the relief of rigors

71. Methylprednisolone sodium succinate 80mg intravenous bolus when required for the relief of infusion related reactions

Administration Instructions
For the relief of infusion related reactions

72. Paracetamol 1000mg oral when required for pyrexia
    Administration Instructions
    For the relief of pyrexia. Please check if the patient takes regular paracetamol for pain control and take dose into account

73. Salbutamol 2.5mg nebule once only when required for the relief of infusion related bronchospasm
    Administration Instructions
    When required for the relief of infusion related bronchospasm

74. Pethidine 25mg intravenous bolus in 10ml sodium chloride 0.9% over 5 minutes for the relief of rigors
    Administration Instructions
    For the relief of rigors following a verbal confirmation to administer from a doctor

Take home medicines (Day 1)

75. Co-trimoxazole 960mg once a day on Monday, Wednesday and Friday oral
    Administration Instructions
    This may be administered as 480mg twice a day according to local practice

76. Aciclovir 400mg twice a day oral for 21 days
    Administration Instructions
    Please supply 21 days or the nearest original pack size.

77. Gastric Protection
    Administration Instructions: The choice of gastric protection is dependent on local formulary choice and may include;
    - esomeprazole 20mg once a day oral
    - omeprazole 20mg once a day oral
    - lansoprazole 15mg once a day oral
    - pantoprazole 20mg once a day oral
    - rabeprazole 20mg once a day oral
    - cimetidine 400mg twice a day oral
    - famotidine 20mg once a day oral
    - nizatidine 150mg twice a day oral

    Please supply 21 days or the nearest original pack size.

Cycle 4 Day ONE onwards

78. Warning – Ensure patient has been issued with a CRS treatment alert card.

79. Warning – Check hydration status
    Administration instructions
    Ensure adequate hydration is given 12-24 hours prior to starting treatment

80. Sodium chloride 0.9% 500ml intravenous infusion over 60 minutes

81. Warning - Consider dexamethasone 20mg intravenous
    Administration Instructions
    To be administered 60 minutes prior to glofitamab if patient experienced CRS with the previous dose.

82. Chlorphenamine 10mg intravenous
    Administration Instructions
    Administer 30 minutes prior to glofitamab

83. Paracetamol 1000mg oral
    Administration Instructions
    Please check if the patient takes regular paracetamol for pain control and take dose into account.
    Administer 30 minutes prior to glofitamab

84. Glofitamab 30mg intravenous infusion in 100ml sodium chloride 0.9% over 120 minutes
    Administration Instructions
    Please refer to the protocol for information regarding infusion rates and infusion related reactions. These may be decreased according to CRS response as per the protocol.

85. Chlorphenamine 10mg when required for infusion related reactions
    Administration Instructions
    For the relief of infusion related reactions

86. Lorazepam 1mg oral when required for rigors
    Administration Instructions
    For the relief of rigors

87. Methylprednisolone sodium succinate 80mg intravenous bolus when required for the relief of infusion related reactions
    Administration Instructions
    For the relief of infusion related reactions

88. Paracetamol 1000mg oral when required for pyrexia
    Administration Instructions
    For the relief of pyrexia. Please check if the patient takes regular paracetamol for pain control and take dose into account

89. Salbutamol 2.5mg nebulised when required for the relief of infusion related bronchospasm
    Administration Instructions
    When required for the relief of infusion related bronchospasm

90. Pethidine 25mg intravenous bolus in 10ml sodium chloride 0.9% over 5 minutes for the relief of rigors
    Administration Instructions
    For the relief of rigors following a verbal confirmation to administer from a doctor

Take home medicines (Day 1)

91. Co-trimoxazole 960mg once a day on Monday, Wednesday and Friday oral
    Administration Instructions
    This may be administered as 480mg twice a day according to local practice

92. Aciclovir 400mg twice a day oral for 21 days
    Administration Instructions
    Please supply 21 days or the nearest original pack size.

93. Gastric Protection
    Administration Instructions: The choice of gastric protection is dependent on local formulary choice and may include;
    - esomeprazole 20mg once a day oral
    - omeprazole 20mg once a day oral
    - lansoprazole 15mg once a day oral
    - pantoprazole 20mg once a day oral
    - rabeprazole 20mg once a day oral
    - cimetidine 400mg twice a day oral
    - famotidine 20mg once a day oral
    - nizatidine 150mg twice a day oral
    Please supply 21 days or the nearest original pack size.

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1	July 2024	New Document	Madeleine Norbury Pharmacist	Hwai Jing Hiew Consultant

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors which occur because of following these guidelines.